



RCE  
IAP4 Rec'd PCT/PTO 18 JAN 2006

Atty. Dkt. No. 030481-0212

IPW

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Per EGNELÖV et al

Title: DEVICE FOR VISUALLY INDICATING A BLOOD PRESSURE

Appl. No.: 10/756,765

01/20/2006 HDEMESS1 00000058 10756765

Appl. Filing Date: 01/14/2004

01 FC:2801 395.00 DP  
02 FC:2251 60.00 DP

Examiner: Patricia C. Mallari

Art Unit: 3763

**REQUEST FOR CONTINUED EXAMINATION (RCE)**  
**TRANSMITTAL**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED  
OIEPTMPTO

JAN 20 2006

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

**1. Submission required under 37 C.F.R. §1.114:** (check items that apply)

a. Previously submitted:

Please enter and consider the amendment and/or reply previously filed on December 1, 2005.

Please consider the Affidavit(s)/Declaration(s) previously filed on    but not considered.

10:00 AM 01/18/2006

-1-

Please consider the arguments in the Appeal Brief or Reply previously filed on \_\_\_\_\_.

Other \_\_\_\_\_.

b. Enclosed are:

Amendment/Reply.

Affidavit(s)/Declaration(s).

Information Disclosure Statement.

Form PTO-1449 with copies of \_\_\_\_\_ listed reference(s).

Other .

Miscellaneous:

Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of \_\_\_\_\_ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	19	-	20 = 0	x \$50.00	= \$0.00
Independents	9	-	9 = 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:			+ \$360.00	=	\$0.00
			CLAIMS FEE TOTAL:	=	\$790.00

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$120.00	1	\$120.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$450.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,590.00		\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,160.00		\$0.00
	EXTENSION FEE SUBTOTAL:			\$120.00
	EXTENSION FEE ALREADY PAID:			\$0.00
	EXTENSION FEE TOTAL			\$120.00
	CLAIMS AND EXTENSION FEE TOTAL:			\$910.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):			\$455.00
<input type="checkbox"/>	Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
	TOTAL FEE:			\$455.00

Please charge Deposit Account No. 19-0741 in the amount of \_\_\_\_\_. A duplicate copy of this transmittal is enclosed.

A check in the amount of \$455.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By



Glenn Law  
Attorney for Applicant  
Registration No. 34,371

Date January 18, 2006

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